

DWI CERTIFICATES OF COMPLETION* (DMH 508R)

4. NAME: _____

8. Gender:	9. Race (all that apply):	10. Ethnicity (choose 1):	11. Language Preference:	12. Marital Status (choose 1):
01 <input type="checkbox"/> Male	01 <input type="checkbox"/> American Indian/ Alaska Native	01 <input type="checkbox"/> Hispanic Puerto Rican	01 <input type="checkbox"/> English	01 <input type="checkbox"/> Never married
02 <input type="checkbox"/> Female	02 <input type="checkbox"/> Asian	02 <input type="checkbox"/> Hispanic Mexican American	02 <input type="checkbox"/> Spanish	02 <input type="checkbox"/> Now Married
	03 <input type="checkbox"/> Black or African American	03 <input type="checkbox"/> Hispanic Cuban	03 <input type="checkbox"/> OTHER _____	03 <input type="checkbox"/> Divorced
	04 <input type="checkbox"/> Native Hawaiian or other Pacific Islander	04 <input type="checkbox"/> Hispanic Other		04 <input type="checkbox"/> Separated
	05 <input type="checkbox"/> White	05 <input type="checkbox"/> Unreported		05 <input type="checkbox"/> Widowed
	06 <input type="checkbox"/> Unreported	06 <input type="checkbox"/> Not Hispanic or Latino		

16. Arrest County: _____

Comments:*

(Cert. Individual's NAME Printed): _____

36. Date 508 Form Sent: / /

(Clinician's NAME Printed) _____ 46. Date 508 Form Sent: / /